



# Contracted Primary Provider Change of Address Form

(NOTE: This form is only for changes to the Primary Provider Record indicated below. Use CAPS Update Secondary Provider Record form for changes to the Secondary Provider Record.)

Is the change below a change in the Provider's: (Check all that apply)

- ☐ Corporate Legal Address  
☐ Payments, billing forms, and mailing/correspondence address.  
☐ Provider e-mail address/telephone number.

List contract numbers affected by change:

**Note:** If Contractor payments are processed through FINET, the Division staff must notify the Utah State Division of Finance about this change as BCM does not have access to FINET!

*Contractor Name:	*Provider ID # (NOT the Contractor's IRS #): Division will fill out if unknown
Previous address: (Number, Street, City, State and Zip)	
New address: (Number, Street, City, State and Zip)	
New mailing address, if different from above: (Number, Street, City, State and Zip)	
New telephone number:	
New email address:	
*Signature: (Corporate officer, principal, or individual who has legal authority to make representations on behalf of the Contractor)	*Date of Signature:
Print Name and Title of Signatory:	

**\*\*Note:** Changes to the Contractor's Name, and/or IRS number must be handled through the amendment process. A new W-9 filled out and signed by the Contractor must be submitted with the amendment. The change must also comply with procurement requirements.

## Signature and Approval

### DHS Agency Representative Requesting Change of Address: (required)

*Name:		Work Phone:	
*Email:		Agency:	
*Office/Region Name:		*Office/Region Location:	

(NOTE: BCM will only accept forms submitted and signed below by Contract Staff at the State Administrative Level.)

My signature below indicates that I have reviewed the above information, and to the best of my knowledge, found it to be accurate.

\_\_\_\_\_  
DHS Division Designee's Signature

\_\_\_\_\_  
Date

**\* Denotes required information.**